		-	·				•
Fil	ll in this inform	nation to identify your	case:				
De	ebtor 1	Susan E. Swoop	9	Radio Mysta Carlo (1994) (1995) (1995)			
		First Name	Middle Name	Last Name			
1	ebtor 2 ouse if, filling)	First Name	Middle Name	Last Name			
Un	ited States Ban	nkruptcy Court for the:	DISTRICT OF NEW JE	RSEY			
		intropicy countries the.	BIOTHOT OF HETT OF	1			
	se number		,			□ Choc	k if this is an
Ľ	,						nded filing
					,		-
Ol	fficial For	m 106Sum					
			and I iabilities ar	nd Certain Statis	tical Information		12/15
		manufacture in the second seco		F: :	are equally responsible f	or sunnivi	
info	rmation. Fill o	ut all of your schedule	es first; then complete th	ne information on this fo	rm. If you are filing amend	led sched	ules after you file
		-	new <i>Summary</i> and chec	k the box at the top of th	is page.		
Pa	rt 1: Summa	rize Your Assets					
						Your	issets
						∦Value	of what you own 💉
1.	Schedule A/l 1a. Copy line	B: Property (Official Fo	orm 106A/B) rom Schedule A/B		***************************************	\$	266,875.00
						· —	
	16. Copy line	62, Total personal pro	perty, from Schedule A/B			\$	5,869.75
	1c. Copy line	63, Total of all property	y on Schedule A/B			\$	272,744.75
Par	rt 2: Summa	rize Your Liabilities					
		, , ,			 :	Manuscripture.	
						Your I Amour	iabilities nt you owe
2.	Schedule D: 0	Creditors Who Have Cl	aims Secured by Property	(Official Form 106D)			
	2a. Copy the	total you listed in Colur	nn A, <i>Amount of claim,</i> at	the bottom of the last page	e of Part 1 of Schedule D	\$	596,423.00
3.			Unsecured Claims (Official			•	0.00
	3a. Copy the	total claims from Part	1 (priority unsecured claim	s) from line 6e of <i>Schedul</i>	le E/F	\$	0.00
	3b. Copy the	total claims from Part	2 (nonpriority unsecured c	aims) from line 6j of Sche	dule E/F	\$	3,979.32
					Your total liabilities	\$	600,402.32
						L	
Par	t 3; Summa	rize Your Income and	Expenses	·	- 10		
4.	Schedule I: Y	our Income (Official Fo	rm 106l)			.	7 224 74
	Copy your co	mbined monthly income	e from line 12 of Schedule	<i>I</i>		\$	7,331.71
5.		Your Expenses (Official	Form 106J) ne 22c of <i>Schedule J</i>			\$	6,901.82
					•••••••	Ψ	
Par	t 4: Answer	These Questions for	Administrative and Stati	stical Records			······································
6.			er Chapters 7, 11, or 13? on this part of the form. Cl	neck this box and submit t	his form to the court with yo	ur other sc	hedules.
	Yes						
7.		debt do you have?					
	Your del	bts are primarily cons	sumer debts. Consumer o § 101(8). Fill out lines 8-9	lebts are those "incurred b	y an individual primarily for	a personal	, family, or
					•		
	☐ Your del the court	bts are not primarily o twith your other schedu	consumer debts. You hav iles.	e nothing to report on this	part of the form. Check this	s box and s	submit this form to

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

9,261.88

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total claim	l sail on a
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total . Add lines 9a through 9f.	\$	0.00

Fill in this infor	mation to identify your ca	se and this filing:			
Debtor 1	Susan E. Swoope				
Debtor 2	First Name	Middle Name	Last Name		•
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	ISTRICT OF NEW JERSEY			
Case number				ļ	☐ Check if this is an
					amended filing
Official Fo	orm 106A/B				
Schedul	le A/B: Prope	rty			12/15
nformation. If mor Answer every ques	re space is needed, attach a s stion. Each Residence, Building, L	as possible. If two married peop eparate sheet to this form. On t and, or Other Real Estate You C terest in any residence, building	the top of any additional pages	equally responsible for s	upplying correct se number (if known),
□ No. Go to Par		nerest in any residence, punding	3, ianu, or similar property (
Yes. Where i					
Yes. Where	is the property?				
1.1 10 Dennis	s Place	<u> </u>	ty? Check all that apply	De set deduct en sous de	
	if available, or other description	☐ Single-family ☐ Duplex or mu	nome ulti-unit building	Do not deduct secured claims or exempt the amount of any secured claims on Sci	
		- '	n or cooperative	Creditors Who Have Cla	ims Secured by Property.
		☐ Manufacture	d or mobile home		
West Long	g Branch NJ 07764		3 OF THOOLIC WORLD	Current value of the entire property?	Current value of the portion you own?
City	-	Code Пnvestmeпt р	roperty	\$533,750.00	\$266,875.00
		☐ Timeshare		Describe the nature of	your ownership interest
		Other	at in the around 2 of the	(such as fee simple, te a life estate), if known.	nancy by the entireties, or
		Debtor 1 only	st in the property? Check one	a me estate, ii known.	
Monmout	h	Debtor 2 only	/		
County		Debtor 1 and	Debtor 2 only	Check if this is con	nmunity property
			of the debtors and another	(see instructions)	minumey property
		Other information y property identificat	you wish to add about this iter tion number:	m, such as local	
		p p y			
 Add the dollar pages you had 	ar value of the portion you ave attached for Part 1. W	u own for all of your entries trite that number here	from Part 1, including any	entries for =>	\$266,875.00
. •					
Part 2: Describe	Your Vehicles				
la usu sum lass	an baya lawal ay asyita				
omeone else driv	se, or nave legal or equita /es. If you lease a vehicle, a	<mark>ble interest in any vehicles,</mark> also report it on <i>Schedule G: E</i>	whether they are registere Executory Contracts and Une	e d or not? Include any v expired Leases.	ehicles you own that
	ucks, tractors, sport utility				
■ Ne					
■ No					
☐ Yes					

Official Form 106A/B

Schedule A/B: Property

	Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories	
	■ No	
	□ Yes	
5	Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here	\$0.00
	pages you have attached for 1 dit 2. write that humber here	
P	art 3: Describe Your Personal and Household Items	
D	o you own or have any legal or equitable interest in any of the following Items?	Current value of the
		portion you own? Do not deduct secured
	Managed and an all four labour	claims or exemptions.
ю.	Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware	
	□No	
	Yes. Describe	
	Mile - (4000)	44 000 00
	Misc (1900)	\$1,900.00
7.	 Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music of including cell phones, cameras, media players, games □ No ■ Yes. Describe 	collections; electronic devices
	Misc (1000)	\$1,000.00
	, miles (1000)	#1,000.00
8.	Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin other collections, memorabilia, collectibles No □ Yes. Describe	, or baseball card collections;
9.	Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes musical instruments □ No ■ Yes. Describe	and kayaks; carpentry tools;
	Misc (250)	\$250.00
	11130 (200)	Ψ200.00
10.	Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No □ Yes. Describe	
	 Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No 	
	Yes. Describe	
	Clothing (1000)	\$1,000.00
	 Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, € No Yes. Describe 	gold, silver

Schedule A/B: Property

Case number (if known)

Official Form 106A/B

Debtor 1

Susan E. Swoope

ооре	Case number (if known)	
Misc (1500)		\$1,500.00
oirds, horses		
l household items you did	d not afready list, including any health aids you did not list	
		\$5,650.00
ial Assets		
gal or equitable interest i	n any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
		on
vings, or other financial acc f you have multiple account	counts; certificates of deposit; shares in credit unions, brokerage s with the same institution, list each. Institution name:	houses, and other similar
17.1.	TD Bank Checking Account #: 3710 -\$1275.95	\$0.00
17.2.	TD Bank Business Checking Account#: 3507	\$219.75
r publicly traded stocks nvestment accounts with br	okerage firms, money market accounts	
Institution or issuer	name:	
ck and interests in incorp	orated and unincorporated businesses, including an interes	st in an LLC, partnership, and
mation about them Name of entity:	 % of ownership:	
nclude personal checks, cas nts are those you cannot tra	shiers' checks, promissory notes, and money orders.	
mation about them Issuer name:		
iccounts A, ERISA, Keogh, 401(k), 4	103(b), thrift savings accounts, or other pension or profit-sharing	plans
separately.		
rype or account.	Schedule A/B: Property	page 3
	Misc (1500) birds, horses I household items you did bration If all of your entries from itember here	Misc (1500) irids, horses It household items you did not already list, including any health aids you did not list irrestion If all of your entries from Part 3, including any entries for pages you have attached number here

Debtor 1	Susan E.	Swoope		Case number (if known)
Yours	share of all un	and prepayments used deposits you have m ents with landlords, prepaid	ade so that you may continue send I rent, public utilities (electric, gas,	rice or use from a company water), telecommunications	s companies, or others
			Institution name or in	idividual:	
23. Annui ■ No	ties (A contrad	ot for a periodic payment o	f money to you, either for life or for	a number of years)	
☐ Yes.		Issuer name and descrip	tion.		
24. Interes 26 U.S. ■ No	ts in an educ C. §§ 530(b)(*	ation IRA, in an account 1), 529A(b), and 529(b)(1).	in a qualified ABLE program, or	under a qualified state tu	ition program.
☐ Yes.		Institution name and desc	cription. Separately file the records	of any interests.11 U.S.C.	§ 521(c):
25. Trusts ■ No	, equitable or	future interests in prope	erty (other than anything listed i	n line 1), and rights or pov	wers exercisable for your benefit
☐ Yes.	Give specific	information about them			
<i>Exam</i> µ ■ No	oles: Internet o	domain names, websites, p	ets, and other intellectual proper proceeds from royalties and licensi	rty ng agreements	
☐ Yes.	Give specific	information about them			
27. Licens Examp ■ No	es, franchise ples: Building p	s, and other general inta permits, exclusive licenses	ngibles , cooperative association holdings	, liquor licenses, profession	al licenses
☐ Yes.	Give specific	information about them			
Money or	property owe	d to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
	unds owed to	o you			
■ No □ Yes.	Give specific i	nformation about them, inc	cluding whether you already filed t	he returns and the tax years	3
No	oles: Past due	or lump sum allmony, spot	usal support, child support, mainte	nance, divorce settlement,	property settlement
30. Other a Examp	<i>les:</i> Unpaid w	eone owes you ages, disability insurance p unpaid loans you made to	payments, disability benefits, sick someone else	pay, vacation pay, workers	compensation, Social Security
	Give specific i	information			
31. Interes Examp ■ No	ts in insurand les: Health, di	:e policies sability, or life insurance; h	ealth savings account (HSA); cred	dit, homeowner's, or renter's	s insurance
☐ Yes. I	Name the insu	rance company of each po	olicy and list its value.	David I	
		Company name:		Beneficiary:	Surrender or refund value:
If you a	erest in prope tre the benefic ne has died.	erty that is due you from ciary of a living trust, expec	someone who has died t proceeds from a life insurance p	olicy, or are currently entitle	d to receive property because
	Give specific i	information			

Debtor 1

Debtor 1	Susan E. Swoope	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Case number (if known)	
		Father's Estate unknown at this time			\$0.00
Examļ ■ No	s against third parties, whethen the second	er or not you have filed a lawsuit sputes, insurance claims, or rights	t or made a dema to sue	and for payment	
■ No	contingent and unliquidated of Describe each claim	claims of every nature, including	g counterclaims	of the debtor and rights to se	et off claims
■ No	nancial assets you did not alro	eady list			
		entries from Part 4, including an			\$219.75
Part 5: De	scribe Any Business-Related Pro	perty You Own or Have an Interest Ir	n. List any real esta	ate in Part 1.	
Part 6: Der If you 16. Do you No. The Yes. Part 7: 33. Do you	ou own or have an interest in farmla I own or have any legal or equ Go to Part 7. Go to line 47.	uitable interest in any farm- or co or Have an Interest in That You Did ind you did not already list?	ommercial fishir	·	
	Give specific information				
54. Add t	he dollar value of all of your e	entries from Part 7. Write that nu	ımber here	_	\$0.00
Part 8:	List the Totals of Each Part of thi	s Form		· · · · · · · ·	
	•		_		\$266,875.00
	l: Total vehicles, line 5 l: Total personal and househo	ald items line 15	\$0.00		
	: Total financial assets, line 3		\$5,650.00 \$219.75		
	i: Total business-related prop		\$0.00		
	: Total farm- and fishing-relat		\$0.00		
61. Part 7	: Total other property not list	ed, line 54 +	\$0.00		
62. Total	personal property. Add lines 5	-6 through 61	\$5,869.75	Copy personal property total	\$5,869.75
63. Total	of all property on Schedule A	/B. Add line 55 + line 62			\$272,744.75

Fi	ill in this infor	nation to identify your case:				
D	ebtor 1	Susan E. Swoope				
D	ebtor 2	First Name	Middle Name	L	ast Name	
i	pouse if, filing)	First Name	Middle Name	L	ast Name	
Uı	nited States Ba	nkruptcy Court for the: DIST	TRICT OF NEW JERSE	ΞY		
	ase number _					
ויוון	known)					Check if this is an amended filing
\cap	fficial Fo	rm 106C	-			
		e C: The Prope	rty You Cla	aim	as Exempt	4/19
the nee cas For spe any fun exe to t	property you listed the second of the second	sted on Schedule A/B: Property d attach to this page as many chown). property you claim as exempt nount as exempt. Alternativel satutory limit. Some exemption inlimited in dollar amount. Ho articular dollar amount and the statutory amount.	(Official Form 106A/B popies of Part 2: Addition t, you must specify the ly, you may claim the ns—such as those for the proper the proper of the proper than the proper tha) as yo onal Pa ne amo full fai r healt n exem	our source, list the property that you ge as necessary. On the top of any punt of the exemption you claim. It market value of the property be the aids, rights to receive certain kuption of 100% of fair market value.	one way of doing so is to state a sing exempted up to the amount of penefits, and tax-exempt retirement
	,	y the Property You Claim as				
1.	_	exemptions are you claiming	• •	,		
	_	aiming state and federal nonbar		11 U.S	i.C. § 522(b)(3)	
		aiming federal exemptions. 11				
2.	For any prop	erty you list on Schedule A/E	I that you claim as ex	empt, 1	fill in the information below.	
		on of the property and line on that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B	Ched	ck only one box for each exemption.	
		Place West Long Branch,	\$266,875.00	=	\$0.00	11 U.S.C. § 522(d)(1)
		Monmouth County sedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
	Misc (1900)		\$1,900.00		\$1,900.00	11 U.S.C. § 522(d)(3)
	Line from Sch	nedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
	Misc (1000)		\$1,000.00		\$1,000.00	11 U.S.C. § 522(d)(3)
	Line from Sch	edule A/B: 7.1	··		100% of fair market value, up to	·
					any applicable statutory limit	
	Misc (250)		\$250.00		\$250.00	11 U.S.C. § 522(d)(5)
	Line from Sch	edule A/B: 9.1			100% of fair market value, up to any applicable statutory limit	
	Clothing (10		\$1,000.00		\$1,000.00	11 U.S.C. § 522(d)(3)
	Line from Sch	edule A/B: 11.1			100% of fair market value, up to any applicable statutory limit	

btor 1	Susan E. Swoope			Case number (if known)		
	description of the property and line on dule A/B that lists this property	Current value of the portion you own			Specific laws that allow exempti	
		Copy the value from Check only one box for each exemption. Schedule A/B				
	; (1500) from Schedule A/B: 12.1	\$1,500.00	: 1	\$1,500.00	11 U.S.C. § 522(d)(4)	
270 (ioni conduito / 2 E. Vali			100% of fair market value, up to any applicable statutory limit		
	Bank Checking Account #: 3710 75.95	\$0.00		\$384.93	11 U.S.C. § 522(d)(5)	
Line f	rom Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit		
	ank Business Checking ount#: 3507	\$219.75		\$219.75	11 U.S.C. § 522(d)(5)	
	from Schedule A/B: 17.2		100% of fair market value, up to any applicable statutory limit			

Fill in this information t	o identify vor	r časė:				
	an E. Swooi	Space and the space of the spac				
First N		Middle Name	Last Name		-	
Debtor 2 (Spouse if, filing) First N	ame	Middle Name	Last Name	-		
United States Bankruptcy		· -				
					,	
Case number (if known)					☐ Check	if this is an
		, <u></u>			<u> </u>	ed filing
Official Form 106	D					
		Who Have Claims	Sacurad	hy Propert	v	40/45
		· · · · · · · · · · · · · · · · · · ·			-	12/15
is needed, copy the Addition number (if known).	e as possible. I nal Page, fill it c	f two married people are filing togeth out, number the entries, and attach it	er, both are equ to this form. On	ually responsible for su the top of any addition	ipplying correct informat nal pages, write your nar	tion. If more space me and case
1. Do any creditors have cla						
No. Check this box	and submit th	nis form to the court with your other	schedules. Yo	u have nothing else t	o report on this form.	
Yes. Fill in all of th	e information l	pelow.				
Part 1: List All Secure	ed Claims	L.L. JEMMI	TAIL I	Column A	Column B	0-10
		nore than one secured claim, list the cre a particular claim, list the other creditors		Amount of claim	Value of collateral	Column C Unsecured
		al order according to the creditor's nam		Do not deduct the value of collateral.	that supports this	portion If any
Rushmore Loan	_					
Management Ser Creditor's Name	vices	Describe the property that secures to 10 Dennis Place West Long		\$596,423.00	\$533,750.00	\$62,673.00
		NJ 07764 Monmouth Count				
P.O. Box 55004		As of the date you file, the claim is:	Check all that			
Irvine, CA 92619		apply. Contingent				
Number, Street, City, State	& Zip Code	☐ Unliquidated				
Who owes the debt? Chec	k ona	Disputed Nature of lien. Check all that apply.				
Debtor 1 only	k one.	☐ An agreement you made (such as r	mortgage or secu	ıred		
Debtor 2 only		car loan)	nortgaga or soot	3100		
Debtor 1 and Debtor 2 on	у	Statutory lien (such as tax lien, med	:hanic's lien)			
At least one of the debtors		☐ Judgment lien from a lawsuit				
Check if this claim relate community debt	es to a	Other (including a right to offset)	Mortgage			
Date debt was incurred		Last 4 digits of account numb	per 2725			
						·
Add the dellerantes of co		A 4h! West- W-1	1.	\$500.40		
		lumn A on this page. Write that numl he dollar value totals from all pages.	jer nere:	\$596,42		
Write that number here:	•			\$596,42	23.00	
Part 2: List Others to E	e Notified for	a Debt That You Already Listed				
trying to collect from you fo	r a debt you ov the debts that	notified about your bankruptcy for a re to someone else, list the creditor in you listed in Part 1, list the additional s page.	π Part 1, and the	en list the collection a	gency here. Similarly, if y	ou have more
Name, Number, Street Frenkel Lambert	-	ip Code	On which	n line in Part 1 did you ei	nter the creditor? 2.1	
80 Main Street			Last 4 di	gits of account number_		
4th Floor Suite 460						
West Orange, N.	J 07052					

Fill	in this infor	mation to identify your ca	se:					
Del	btor 1	Susan E. Swoope						
ļ		First Name	Middle Name	Last Name				
ı —	btor 2 buse if, filing)	First Name	Middle Name	Last Name				
, .	. 5,	ankruptcy Court for the:	DISTRICT OF NEW JER					
!		_						
l .	se number ₋					FI	Chook	if this is an
	,					Ц		if this is an led filing
Off	<u>ficial Forr</u>	<u>n 106E/F</u>						
<u>Sc</u>	hedule E	E/F: Creditors Wh	<u>o Have Unsecu</u>	red Claims				12/15
left. nam	Attach the Core and case nu	tors Who Have Claims Secure ntinuation Page to this page. mber (If known).	If you have no information	n to report in a Part, do not	file that Part. On the to	op of any a	dditional	n the boxes on the pages, write your
		II of Your PRIORITY Unse						
1.	No. Go to F	ors have priority unsecured o	laims against you?					
		'an 2.						
_	Yes.							
	identify what ty possible, list th	r priority unsecured claims. It pe of claim it is. If a claim has t e claims in alphabetical order a than one creditor holds a partic	oth priority and nonpriority a coording to the creditor's na	amounts, list that claim here a ime. If you have more than tw	and show both priority a	nd nonprior	ity amouni	ts. As much as
	(For an explan	ation of each type of claim, see	the instructions for this form	n in the instruction booklet.)				
					Total claim	Priority amount		Nonpriority amount
2.1	Interna	Revenue Service	Last 4 digits of	account number	Unknown	umount	\$0.00	\$0.00
	•	editor's Name	larr or					+ + + + + + + + + + + + + + + + + +
	P.O. Bo Philade	x 7346 Iphia, PA 19101	When was the d	ept incurred?				
		treet City State Zip Code	As of the date y	ou file, the claim is: Check	all that apply			
	Who incurre	d the debt? Check one.	☐ Contingent					
	Debtor 1 o	only	☐ Unliquidated					
	Debtor 2 o	only	☐ Disputed					
	Debtor 1 a	and Debtor 2 only	Type of PRIORI	TY unsecured claim:				
	☐ At least or	ne of the debtors and another	☐ Domestic sup	port obligations				
	_	his claim is for a community	debt Taxes and ce	rtain other debts you owe the	government			
		subject to offset?	_	ath or personal injury while yo	-			
	■ No			/				
	☐ Yes					·······		

Debtor 1 Susan E. Swoope	Case number (if known)				
2.2 NJ Division of Taxation	Last 4 digits of accor	unt number	Unknown	\$0.00 \$0.0	
Priority Creditor's Name Bankruptcy Section	When was the debt in	ncurred?			
P.O. Box 245 Trenton, NJ 08695					
Number Street City State Zip Code	As of the date you fil	e, the claim is: Check all t	hat apply		
Who incurred the debt? Check one.	☐ Contingent		•••		
Debtor 1 only	Unliquidated				
Debtor 2 only	☐ Disputed				
Debtor 1 and Debtor 2 only	Type of PRIORITY un	secured claim:			
☐ At least one of the debtors and another	☐ Domestic support of	bligations			
☐ Check if this claim is for a community debt	Tayes and certain	other debts you owe the go	vernment		
Is the claim subject to offset?		personal Injury while you v			
No			rote (moxicated		
☐ Yes			****		
			-		
Part 2: List All of Your NONPRIORITY Unsec	ured Claims				
3. Do any creditors have nonpriority unsecured clair					
☐ No. You have nothing to report in this part. Submit	•	wour office polodulos			
	t this form to the court will	your other scriedules.			
Yes.					
 List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the othe Part 2. 	claim. For each claim liste	d, identify what type of clair	n it is. Do not list claims air	eady included in Part 1. If more	
4.1 Jeffrey H. Gerstenblatt	Last 4 digits of acc	count number		\$3,979.32	
Nonpriority Creditor's Name 1072 Madison Avenue	When was the deb				
Lakewood, NJ 08701	_		- 9 m		
Number Street City State Zip Code	As of the date you	file, the claim is: Check a	II that apply		
Who incurred the debt? Check one.	-				
Debtor 1 only	☐ Contingent				
Debtor 2 only	Unliquidated				
Debtor 1 and Debtor 2 only	Disputed	NPV			
At least one of the debtors and another	Student loans	RITY unsecured claim;			
☐ Check if this claim is for a community debt				P. L	
Is the claim subject to offset?	report as priority cla		ement or divorce that you o	aid not	
■ No	Debts to pension	or profit-sharing plans, an	d other similar debts		
	- OI	Campi & Morrison	Orthodonics		
☐ Yes	Other. Specify	Judgment			
Part 3: List Others to Be Notified About a Del					
5. Use this page only if you have others to be notified a is trying to collect from you for a debt you owe to so have more than one creditor for any of the debts that notified for any debts in Parts 1 or 2, do not fill out on	meone else, list the orig t you listed in Parts 1 or	inal creditor in Parts 1 or	2. then list the collection	agency here. Similarly, if you	
Name and Address	On which entry in Part 1 o	r Part 2 did you list the orig	inal creditor?		
Campi and Morrison Orthodontics	Line 4.1 of (Check one):		editors with Priority Unsecu	red Claims	
49 Branch Ave Red Bank, NJ 07701		Part 2: Cr	editors with Nonpriority Un	secured Claims	
	Last 4 digits of account nu	ımber			
			·		
Part 4: Add the Amounts for Each Type of Un					
6. Total the amounts of certain types of unsecured clair	ms. This information is f	or statistical reporting p	urposes only. 28 U.S.C. §	159. Add the amounts for each	

Official Form 106 E/F

type of unsecured claim.

				Total Claim
Total	6a.	Domestic support obligations	6a.	\$ 0.00
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
Total	6 f .	Student loans	6f.	\$ Total Claim 0.00
claims from Part 2 **	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 3,979.32
	6j.	Total Nonpriority. Add lines 6f through 6i.	6].	\$ 3,979.32

Fill i	n this info	ormation to identify your	case:				
Debt	or 1	Susan E. Swoope					
Debt		First Name	Middle	Name	Last Name		
	se if, filing)	First Name	Middle		Last Name	_	
Unite	ed States E	Bankruptcy Court for the:	DISTRICT	OF NEW JERSEY		-	
Case (if know	number wn)						ck if this is an ended filing
		orm 106G					
					nexpired Leases ing together, both are equally res	· · · · · · · · · · · · · · · · · · ·	12/15
additi 1. [[2. L e	onal page Do you ha No. Che Yes. Fill List separa example, r	es, write your name and over any executory contracted this box and file this for in all of the information beaterly each person or con	case numbe cts or unexp m with the or elow even if the npany with y	or (if known). Dired leases? Ourt with your other so The contacts of leases Whom you have the	ut, number the entries, and attack schedules. You have nothing else to s are listed on Schedule A/B:Propel contract or lease. Then state wh is form in the instruction booklet for	to report on this form. orty (Official Form 106 nat each contract or	A/B).
2.1	Person o	r company with whom yo Name, Number, Street, City,	ou have the o	contract or lease	State what the contract or le	ase is for	
	Name						
	Number	Street					
2.2	City		State	ZIP Code		4.10.	
2,2	Name				_		
	Number	Street					
	City		State	ZIP Code			
2.3	Name				<u> </u>		
	Number	Street					
	City		State	ZIP Code			
2.4	Name			·			
	Number	Street			_		
0.5	City	8	itate	ZIP Code			
2.5	Name			· · · · · · · · · · · · · · · · · · ·			
	Number	Street		<u></u>			

City

ZIP Code

State

Fill in th	is information to identify you	case:			
Debtor 1	The second of the second of the second			<u> </u>	
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if,		Middle Name	Last Name		
	tates Bankruptcy Court for the:	DISTRICT OF NEW JER			
0					
Case nul	mber		1100 100 100 100 100 100 100 100 100 10	·	Check if this is an amended filing
	al Form 106H <mark>dule H: Your Co</mark> d	ebtors			12/15
people ar fill it out, your nam 1. Do	rs are people or entities who a re filing together, both are equ and number the entries in the ne and case number (if known o you have any codebtors? (if	ally responsible for supple boxes on the left. Attach). Answer every question.	lying correct information. If the Additional Page to this p	more space is needed, co page. On the top of any A	opy the Additional Page.
□ No ■ Yo					
2. W Arizo	ithin the last 8 years, have yoo na, California, Idaho, Louisiana	ı lived in a community pro , Nevada, New Mexico, Pus	pperty state or territory? (Corerto Rico, Texas, Washington,	mmunity property states a and Wisconsin.)	nd territories include
■ No	o. Go to line 3.				
□ Ye	es. Did your spouse, former spo	use, or legal equivalent live	with you at the time?		
in lin Forn	olumn 1, list all of your codeb le 2 again as a codebtor only n 106D), Schedule E/F (Officia Column 2.	f that person is a guarant	or or cosigner. Make sure yo	ou have listed the credito	or on Schedule D (Official
	Column 1: Your codebtor Name, Number, Street, City, State and Z	iP Code		olumn 2: The creditor to wheck all schedules that app	
3.1	Jay A. Swoope 10 Dennis Place West Long Branch, NJ 07	764		Schedule D, line 2. Schedule E/F, line Schedule G short Loan Manage	

:ह्यंस	I in this information to identify your o					: '	1			
						<i>- ;</i> *				
De	Susan E. Sus	woope								
	btor 2 ouse, if filing)									
Un	ited States Bankruptcy Court for the	e: DISTRICT OF NEW	IERSEY							
	se number		_				Check if this is:			
(If k	nown)						☐ An amende			
							! ☐ A suppleme 13 income a	nt shov is of the	wing postpetition e following date:	chapter
0	fficial Form 106I						MM / DD/ Y	YYY		
S	chedule I: Your Inc	ome								12/1
sup spo atta	as complete and accurate as pos plying correct information. If you use. If you are separated and you ich a separate sheet to this form.	are married and not fill ar spouse is not filing w	ng jointl ith you,	y, and your : do not inclu	spouse de infor	is liv matic	ing with you, inclu on about your spo	ide info use. If	ormation about	your needed.
1.	Fill in your employment			e e egener					September 1 200 a	,
	information.		Debto	r1			Debtor 2	or nor	n-filing spouse	infante ut them
	If you have more than one job, attach a separate page with	Employment status		iployed			Emplo	yed		
	information about additional employers.		⊔ No	t employed			☐ Not er	nployed	d	
	Include part-time, seasonal, or	Occupation	Owne	er			Sheet M	letal M	lechanic	
	self-employed work.	Employer's name	Gold	en Paws			Local 2	7 Shee	et Metal	
	Occupation may include student or homemaker, if it applies.	Employer's address		ennis Place Long Bran		077	64			
		How long employed t	here?	2 years				8 year	S	
Pa	t 2: Give Details About Mor	nthly Income								
spot	mate monthly income as of the duse unless you are separated.								•	
r yo	u or your non-filing spouse have mo e space, attach a separate sheet to	ore than one employer, co this form.	mbine tr	ne information	n tor all e	empio	yers for that perso	n on the	e lines below. If y	ou need
							For Debtor 1		Debtor 2 or filing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,	ry, and commissions (be calculate what the monthly	efore al! y wage v	payroll vould be.	2.	\$	0.00	\$	8,117.67	
3.	Estimate and list monthly overt	ime pay.			3.	+\$	0.00	+\$_	0.00	
4.	Calculate gross Income. Add lin	ne 2 + line 3.			4.	\$	0.00	\$_	8,117.67	

					Debtor 1	For De ⊚non-fili		
	Copy	y line 4 here	4.	\$	0.00	\$	8,117.67	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	1,930.17	
	5b.	Mandatory contributions for retirement plans	5b.	<u> </u>	0.00	\$	0.00	
	5c.	Voluntary contributions for retirement plans	5c.	<u> </u>	0.00	\$	0.00	
	5d.	Required repayments of retirement fund loans	5d.	š —	0.00	\$	0.00	
	5e.	Insurance	5e.	\$	0.00	\$	0.00	
	5f.	Domestic support obligations	5f.	š	0.00	\$	0.00	
	5g.	Union dues	5g.	<u>\$</u> —	0.00	\$	0.00	
	5h.	Other deductions. Specify:	5h.+	*—		+ \$	0.00	
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	- 6.	\$	0.00	\$	1,930.17	
7.		ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	* — \$	0.00	\$	6,187.50	
8.		all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	426.21	\$	0.00	
	8b.	Interest and dividends	8b.	<u>\$</u> —	0.00	\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00	
	8e.	Social Security	8e.	\$	0.00	\$	0.00	
	8f. 8g. 8h.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: 2019 Tax Refund	_ 8f. _ 8g. 8h.+	\$ 	0.00 0.00 718.00	\$ \$ + \$	0.00 0.00 0.00	
9.	Add a	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	- 9. [\$	1,144.21	\$	0.00	
40	Cala	ulate manthly income. And line 7 t line 0						
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	1	,144.21 + \$_	6,187	.50 = \$	7,331.71
11.	State Included	e all other regular contributions to the expenses that you list in <i>Schedule</i> de contributions from an unmarried partner, members of your household, your friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not a	depend		-		edule J. 11. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certaines				, if it	12. \$	7,331.71
							Combine monthly	
13.	Do yo	ou expect an increase or decrease within the year after you file this form? No.	? 					HICOINE
		Yes. Explain: Increase: Anticipated increase due to payoff of merchant to	an F	Endac	Lin June 2019	1		

Fi	In this information to identify	your case:	English States				
De	btor 1 Susan E. S	woope		:	Check	k if this is:	
	h	•			_	An amended filing	
1	btor 2 bouse, if filing)						ving postpetition chapter the following date:
1	· •,				_		
Uni	ited States Bankruptcy Court for th	ne: DISTR	ICT OF NEW JERSEY		1	MM / DD / YYYY	-
1	se number known)						
0	official Form 106J						
S	chedule J: Your	Expe	nses				12/1:
Be inf nu	e as complete and accurate a formation. If more space Is r Imber (if known). Answer ev	s possible eeded, atta ery questic	. If two married people a ach another sheet to this	re filing together, bor form. On the top of a	th are equa any addition	lly responsible fo nal pages, write y	r supplying correct
Pa 1.	It 18 Describe Your House Is this a joint case?	sehold					
	No. Go to line 2.						
	☐ Yes. Does Debtor 2 live	in a sepai	rate household?				
	□ No □ Yes. Debtor 2 m	ust file Offic	ial Form 106J-2, <i>Expens</i> es	s for Separate Househ	old of Debto	or 2.	
2.	Do you have dependents?	P □ No					
	Do not list Debtor 1 and Debtor 2.	Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor 1	2	Dependent's age	Does dependent live with you?
	Do not state the						□ No
	dependents names.			Son		_16	Yes
				Doughton		40	□ No
				Daughter			Yes
							□ No □ Yes
							□ res □ No
							□ Yes
3.	Do your expenses include expenses of people other yourself and your depend	than 🔚	No Yes				
Par	t 2: Estimate Your Ongo	ing Month	ly Expenses				
exp	timate your expenses as of yoenses as of a date after the olicable date.	our bankr	uptcy filing date unless y	ou are using this for elemental <i>Schedule</i> J	m as a sup /, check the	plement in a Cha box at the top of	pter 13 case to report f the form and fill in the
	lude expenses paid for with				g profession	along the second of the second	angangan sagar sagar sagar Sagar sagar
	value of such assistance a ficial Form 106I.)	nd have ind	cluded it on <i>Schedule I:</i> Y	our Income		Your expe	nses
4.	The rental or home owner payments and any rent for the			nclude first mortgage	4. \$		3,620.82
	If not included in line 4:						
	4a. Real estate taxes				4a. \$		0.00
	4b. Property, homeowner	's, or renter	's insurance		4b. \$		0.00
	4c. Home maintenance, r				4c. \$		100.00
_	4d. Homeowner's associa				4d. \$		0.00
5.	Additional mortgage paym	ents for yo	our residence, such as ho	me equity loans	5. \$		0.00

Det	otor 1	Susan	E. Swoope	Case num	nber (if known)	
6.	Utilii	tion:				
υ.	6a.		y, heat, natural gas	6a.	\$	200 00
	6b.		ewer, garbage collection	6b.	·	300.00
	6c.		ne, cell phone, Internet, satellite, and cable services	6c.		150.00
	6d.	Other. Sp		6d.		550.00
7.		•				0.00
			sekeeping supplies	7.		1,000.00
8.			children's education costs	8.	\$	100.00
9.			dry, and dry cleaning	9.	\$	100.00
			products and services	10.	· ———	100.00
11.			ental expenses	11.	\$	75.00
12.			n. Include gas, maintenance, bus or train fare.	10	\$	125.00
49			car payments.	12,	· ·	
			, clubs, recreation, newspapers, magazines, and boo		\$	50.00
			tributions and religious donations	14.	\$ ·	0.00
15.		rance.	transcription of a district of the second of	0.0		
		ı bot inciuae Life insur	insurance deducted from your pay or included in lines 4		Φ	
				15a.	· · · · · · · · · · · · · · · · · · ·	0.00
		Health in:		15b.	'	0.00
		Vehicle in		15c.	· -	0.00
			urance. Specify:	15d.	\$	0.00
16.			nclude taxes deducted from your pay or included in line			
	Spec	-		16.	\$	0.00
17.			lease payments:		-	
			nents for Vehicle 1	17a.	\$	0.00
	17b.	Car paym	nents for Vehicle 2	17b.	•	0.00
		Other, Sp		17c.	\$	0.00
	17d.	Other, Sp	pecify:	17d.	\$	0.00
18.	Your	r payments	s of alimony, maintenance, and support that you did	not report as		<u> </u>
	dedu	icted from	your pay on line 5, Schedule I, Your Income (Officia	l Form 106l). 18.	\$	0.00
19.	Othe	r payment	s you make to support others who do not live with y	ou.	\$	0.00
	Spec			19.		
20.			perty expenses not included in lines 4 or 5 of this for	m or on Schedule I: Yo	our Income.	
	20a.	Mortgage	s on other property	20a.	\$	0.00
	20b.	Real esta	ite taxes	20b.	\$	0.00
	20c.	Property,	homeowner's, or renter's insurance	20c.	\$	0.00
			nce, repair, and upkeep expenses	20d.	\$	0.00
			ner's association or condominium dues	20e.	•	0.00
21.	Othe	r: Specify:		21		
	O (110	n. opcony.			Γ . Ψ	0.00
22.			monthly expenses			
	22a. /	Add lines 4	through 21.		\$	6,270.82
	22b.	Copy line 2	22 (monthly expenses for Debtor 2), if any, from Official	Form 106J-2	\$	631.00
			2a and 22b. The result is your monthly expenses.		\$	·
	220.7	, ida iii ib EE	and 225. The reserve your monthly expenses.		Ψ	6,901.82
23.			monthly net income.			·
	23a.	Copy line	12 (your combined monthly income) from Schedule I.	23a.	\$	7,331.71
	23b.	Copy you	r monthly expenses from line 22c above.	23b.	-\$	6,901.82
	23c.	Subtracty	your monthly expenses from your monthly income.		:	
			t is your <i>monthly net income</i> .	23c.	, \$	429.89
			·			
24.	Do yo	ou expect	an increase or decrease in your expenses within the	year after you file this	form?	
	For ex	kample, do y	ou expect to finish paying for your car loan within the year or do	you expect your mortgage	payment to increase o	or decrease because of a
	_		terms of your mortgage?			
	■ No				 :	
	□ Ye	es.	Explain here:			

De	ebtor 1 Sus	an E. Swoope		Cas	e numbe	er (if known)	
Fil	in this inform	ation to identify your case		Jan B. Jan			
De	btor 1 btor 2 bouse, If filing)	Susan E. Swoope			_ □ As	amended filing	postpetition chapter 13 wing date:
Uni	ited States Bank	cruptcy Court for the: DIST	RICT OF NEW JERSEY		MM	I / DD / YYYY	-
Ca	se number known)				■ No	n-Filing Spouse	
Us De for	chedule e this form fo btor 2 have o m only with r	or Debtor 2's separate ho one or more dependents respect to expenses for a	penses for Sepousehold expenses ONLY in common, list the dependent of this form. On the top of a	IF Debtor 1 and Debtor dents on both Schedul ted on Schedule J. Be	old 2 maint e <i>J and</i> as com	of Debtor 2	eholds. If Debtor 1 and r the questions on this as possible. If more
An	swer every q	uestion. ribe Your Household			,		ander (ii kilowii).
1.	Do you and	l Debtor 1 maintain sepa Do not complete this form					
2.	_	re dependents? 🔲 No					
	Do not list D list all other dependents regardless of listed as a d of Debtor 1 Schedule J.	of Debtor 2 of whether ependent on	Fill out this information for each dependent	Dependent's relations Debtor 2	nip to	Dependent's age	Does dependent live with you?
	Do not state dependents			Son		16	□ No ■ Yes
				Daughter		18	□ No ■ Yes □ No
							☐ Yes ☐ No
3.	expenses o	it naonia othar than	■ No □ Yes				□ Yes
Est	imate your ex	nate Your Ongoing Mont xpenses as of your bank a date after the bankrupt	ruptcy filing date unless y	ou are using this form	as a su	pplement in a Chap	oter 13 case to report
Incl	lude expense	es paid for with non-casi	n government assistance il on Schedule I: Your Incon	f you know the value ne (Official Form 106I.)	` .Y	our expenses	
4.		or home ownership expe nd any rent for the ground	enses for your residence. In or lot.	nclude first mortgage	4. \$		0.00
	If not includ	led in line 4:					
	4b. Prope	estate taxes rty, homeowner's, or rente maintenance, repair, and			4a. \$ 4b. \$ 4c. \$		0.00 0.00 0.00

Debtor 1	Susan E. Swoope	Case num	ber (if known)	
4d.	Homeowner's association or condominium dues	4d.	\$	0.00
5. Ad	ditional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
	, , , , , , , , , , , , , , , , , , , ,		<u> </u>	
6. Uti	lities:			
6a.	· · · · · · · · · · · · · · · · · · ·	6a.	·	0.00
6b.	, , , , , , , , , , , , , , , , , , , ,	6b.	\$	0.00
6c.		6c.	\$	0.00
6d.		6d.	\$	0.00
	od and housekeeping supplies	7.	\$	0.00
8. Ch	ildcare and children's education costs	8.	\$	0.00
9. Clo	thing, laundry, and dry cleaning	9.	\$	0.00
10. Pe	rsonal care products and services	10.	\$	0.00
11. M e	dical and dental expenses	11.	\$	0.00
	insportation. Include gas, maintenance, bus or train fare.			-
	not include car payments.	12.	•	100.00
	ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
	aritable contributions and religious donations	14.	\$	0.00
	urance.			
	not include insurance deducted from your pay or included in lines 4 or 20.	45-	Φ.	
	Life insurance	15a.		0.00
	. Health insurance	15b.		0.00
	. Vehicle insurance	15c.		175.00
	I. Other insurance. Specify:	15d.	\$	0.00
	tes. Do not include taxes deducted from your pay or included in lines 4 or 20. ecify:	16.	\$	0.00
	tallment or lease payments:			
17a	. Car payments for Vehicle 1	17a.	\$	356.00
17b	. Car payments for Vehicle 2	17b.	\$	0.00
	. Other. Specify:	17c.	\$	0.00
3. Yo i	ur payments of alimony, maintenance, and support that you did not report as			
dec	lucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.		0.00
	er payments you make to support others who do not live with you.		\$	0.00
	ecify:	19.		
). Oth	per real property expenses not included in lines 4 or 5 of this form or on Sche			
	. Mortgages on other property	20a.		0.00
	Real estate taxes	20b.		
	Property, homeowner's, or renter's insurance	20c.		0.00
	. Maintenance, repair, and upkeep expenses	20d.		0.00
	. Homeowner's association or condominium dues	20e.	·	0.00
. Oth	er: Specify:	21.	+\$	0.00
	ur monthly expenses. Add lines 5 through 21.	f.	\$	631.00
calc	result is the monthly expenses of Debtor 2. Copy the result to line 22b of Schedu sulate the total expenses for Debtor 1 and Debtor 2.	11 2 2 10		
3. Line	e not used on this form.			
4. Do	you expect an increase or decrease in your expenses within the year after yo	ou file this	form?	
For	example, do you expect to finish paying for your car loan within the year or do you expect your ification to the terms of your mortgage?	r mortgage p	payment to increase of	or decrease because of a
	No.			
П	Ces Explain here:			-

		The many of the state of the st	the second section of	and the second of the second o	
Fill in this inform	nation to identify your	case:	10 mg		
Debtor 1	Susan E. Swoop		·		
Debtor 2	First Name	Middle Name	Last Name		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court for the:	DISTRICT OF NEW JERSEY			
Case number					
(if known)				☐ Check if this is an amended filing	n
Official Forn	n 106Dec				
		an Individual De	btor's Sch	redules	40/45
			5.01.0.001	1044100	12/15
i two married pe	opie are nimg togethe	r, both are equally responsible	tor supplying corre	ct information.	
You must file this	s form whenever you fi	ile bankruptcy schedules or am	ended schedules. N	Making a false statement, concealing property	, or
obtaining money	or property by fraud in 3 U.S.C. §§ 152, 1341, 1	n connection with a bankruptcy	case can result in	fines up to \$250,000, or imprisonment for up	to 20
years, or both. It	3 0.3.c. 33 132, 1341, 1	1319, and 3371.			
Sign	Below				
Did you nay	or agree to pay some	one who is NOT an attorney to	help you fill out bar	nkruntov forme?	
y p	, or agree to pay come	one time to the rain attention to	morp you mil out but	induptoy forms i	
■ No					
☐ Yes. N	ame of person			Attach Bankruptcy Petition Preparer's N	
				Declaration, and Signature (Official Forr	n 119)
Under none	twof parium, I doolgra	that I have read the summary a			
that they are	true and correct.	(1)	na schedules filed	with this declaration and	
×	Usou hi	NO COPUL	x		
Susan I	E. Swoope		Signature of Do	ebtor 2	
Signature	e of Debtor 1				
Date .I	uly 3, 2019		Date		

6	6	ore and the second					
		his information to i		ase:	·		
De	ebtor	1 Susan	E. Swoope	Middle Name	Last Name		
	btor:		e	Middle Name	Last Name	:	
Ur	nited (States Bankruptcy C	ourt for the:	DISTRICT OF NEW JEI	RSEY		
Ca	ise ni	ımber					
(if k	(nown)						Check if this is an amended filing
St Be info	as co	omplete and accuration. If more space	ancial A	e. If two married people tach a separate sheet to	iduals Filing for E are filing together, both are o this form. On the top of an	equally responsible for su	4/1 upplying correct our name and case
		(if known). Answei	• •				
				al Status and Where Yo	DU LIVEG BETORE	,	
1.	₩h	at is your current n	narital status î	•			
		Married Not married					
2.	Dur	ing the last 3 years	s, have you liv	ed anywhere other than	n where you live now?		
		No Yes. List all of the	places you live	d in the last 3 years. Do	not include where you live nov	v .	
	De	btor 1 Prior Addres	ss:	Dates Debtor '	1 Debtor 2 Prior Ac	idress:	Dates Debtor 2 lived there
3. stat	Wit os ar	hin the last 8 years ad territories include	, did you ever Arizona, Califo	live with a spouse or le rnia, Idaho, Louisiana, N	egal equivalent in a commur evada, New Mexico, Puerto R	ity property state or territo ico, Texas, Washington and	ory? (Community property Wisconsin.)
		No Yes. Make sure yo	u fill out <i>Sched</i>	lule H: Your Codebtors (C	Official Form 106H).		
Pa	rt 2	Explain the Soul	rces of Your I	ncome			
4.	Filli	in the total amount o	f income you r	eceived from all jobs and	ing a business during this y all businesses, including part ve together, list it only once u	-time activities.	lendar years?
		No Yes. Fill in the deta	ails.				
			ח	ebtor 1		Debtor 2	
			S	ources of income heck all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)

5.	Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.										
	List	each :	source and	the gross inc	come from each source	separately. [Do not include income	that you listed in li	ne 4.		
		No									
		Yes.	Fill in the d	etails.							
					Debtor 1	and grave specingship	interpretation of the property	Debtor 2	e et suskipping de se septe	interest of the second	
					Sources of income Describe below.	ea (b	oss income from sch source efore deductions and clusions)		v.	Gross income (before deductions and exclusions)	
, Pa	rt 3:	List	Certain Pa	yments You	ı Made Before You Fil	ed for Bank	ruptcy				
6.	Are	eithei No.	Neither D	ebtor 1 nor	2's debts primarily co Debtor 2 has primarily a personal, family, or h	consumer	debts. Consumer del	bts are defined in 1	1 U.S.C. § 10	1(8) as "incurred by an	
					ore you filed for bankru	ptcy, did you	pay any creditor a to	tal of \$6,825* or mo	ore?		
			□ No.	Go to line	• •						
			Yes	paid that on not include	each creditor to whom reditor. Do not include p a payments to an attorn at on 4/01/22 and every	payments for ey for this ba	domestic support oblinkruptcy case.	ligations, such as c	hild support a	ınd alimony. Also, do	
	÷.	V						in or alter the date t	zi aujustilielii	•	
	THESE	res.	During the	90 days bef	or both have primarily ore you filed for bankru	r consumer ptcy, did you	pay any creditor a to	tal of \$600 or more	?		
			■ No.	Go to line	7.						
			□ Yes	include pay	each creditor to whom yments for domestic su r this bankruptcy case.	you paid a to pport obligati	tal of \$600 or more a ons, such as child su	nd the total amount pport and alimony.	you paid tha Also, do not	t creditor. Do not include payments to an	
	Cre	editor's	s Name and	d Address	Dates of	payment	Total amount paid	Amount you still owe	Was this _i	payment for	
7.	<i>Insid</i> of w	<i>ders</i> in hich yo Isiness	clude your r ou are an of	elatives; any ficer, director	r bankruptcy, did you general partners; relat r, person in control, or o roprietor. 11 U.S.C. § 1	ives of any g wner of 20%	eneral partners; partr or more of their votin	erships of which you	ou are a gene ny managing	eral partner; corporations agent, including one for	
		No									
			List all payn	nents to an ir	nsider.						
	Ins	ider's	Name and	Address	Dates of	payment	Total amount paid	Amount you still owe	Reason fo	or this payment	
8.	insi	der?			bankruptcy, did you teed or cosigned by an		ayments or transfer	any property on a	ccount of a	debt that benefited an	
	_			<u> </u>							
		No Voc. I	… بحماله اما	ondo to '	void or						
	اسا			nents to an in		2011112 C T 4	Total	A 4	D	and Africa and	
	เกรเ	iuer S	Name and	MUUI USS	Dates of	payment	Total amount paid	Amount you still owe	include cre	or this payment editor's name	

Case number (if known)

Debtor 1 Susan E. Swoope

9.	Within 1 year before you filed for bankrul List all such matters, including personal inju modifications, and contract disputes.	otcy, were you a party in ar ry cases, small claims action	ny lawsuit, court action, or adminis s, divorces, collection suits, paternity	trative proceeding? actions, support or custody
	□ No ■ Yes. Fill in the details.			
	Case title Case number	Nature of the case	Court or agency	Status of the case
	Campi & Morris v. Swoope DJ-210809-18	Civil	Monmouth County Special Civil Part P.O. Box 1270 Freehold, NJ 07728	☐ Pending ☐ On appeal ☐ Concluded
				Judgment
	Shrewsbury Pediatric v. Swoope	Civil	Monmouth County Special Civil Part P.O. Box 1270 Freehold, NJ 07728	Pending On appeal Concluded
	MTGLQ Investors L.P. v. Swoope F-15353-16	Foreclosure	Monmouth County Sheriff's Office 2500 Kozloski Road Freehold, NJ 07728	Pending On appeal Concluded
	■ No. Go to line 11. ☐ Yes. Fill in the information below. Creditor Name and Address	Describe the Property	Date	Value of the property
11.	Within 90 days before you filed for bankru accounts or refuse to make a payment be No No Ves Fill in the details	Explain what happened uptcy, did any creditor, inc cause you owed a debt?		n, set off any amounts from your
11.	accounts or refuse to make a payment be	uptcy, did any creditor, inc	luding a bank or financial institutio	action was Amount
	accounts or refuse to make a payment be ■ No □ Yes. Fill in the details.	uptcy, did any creditor, inc cause you owed a debt? Describe the action the	luding a bank or financial institutio creditor took Date take	action was Amount n
	accounts or refuse to make a payment be ■ No □ Yes. Fill in the details. Creditor Name and Address Within 1 year before you filed for bankrup	uptcy, did any creditor, inc cause you owed a debt? Describe the action the	luding a bank or financial institutio creditor took Date take	action was Amount n
12.	accounts or refuse to make a payment be No Yes. Fill in the details. Creditor Name and Address Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or No	uptcy, did any creditor, inc cause you owed a debt? Describe the action the tcy, was any of your prope another official?	luding a bank or financial institutio creditor took Date take erty in the possession of an assigne	action was Amount n ee for the benefit of creditors, a
12. Pa	accounts or refuse to make a payment be No Yes. Fill in the details. Creditor Name and Address Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or No Yes List Certain Gifts and Contributions Within 2 years before you filed for bankru	uptcy, did any creditor, inc cause you owed a debt? Describe the action the tcy, was any of your prope another official?	luding a bank or financial institution creditor took Date take erty in the possession of an assigne	action was Amount n see for the benefit of creditors, a
12. Pa	accounts or refuse to make a payment be No Yes. Fill in the details. Creditor Name and Address Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or No Yes List Certain Gifts and Contributions Within 2 years before you filed for bankrup No Yes. Fill in the details for each gift.	uptcy, did any creditor, inc cause you owed a debt? Describe the action the tcy, was any of your prope another official?	luding a bank or financial institution creditor took Date take erty in the possession of an assigne	action was Amount nee for the benefit of creditors, a 00 per person?
12. Pa	accounts or refuse to make a payment be No Yes. Fill in the details. Creditor Name and Address Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or No Yes List Certain Gifts and Contributions Within 2 years before you filed for bankru	uptcy, did any creditor, inc cause you owed a debt? Describe the action the tcy, was any of your prope another official? ptcy, did you give any gifts	luding a bank or financial institution creditor took Date take erty in the possession of an assigne	action was Amount n see for the benefit of creditors, a 00 per person? S you gave Value

Case number (if known)

Debtor 1 Susan E. Swoope

	er (if known)	Case number	1 Susan E. Swoope
\$600 to any charity?	ital value of more than	did you give any gifts or contributions with a to	No 1
Value	Dates you contributed	tion. Describe what you contributed	Yes. Fill in the details for each gift or contributions to charities that total nore than \$600 harity's Name ddress (Number, Street, City, State and ZIP Code)
			List Certain Losses
, fire, other disaster	ything because of the	r since you filed for bankruptcy, did you lose ar	thin 1 year before you filed for bankruptcy gambling?
			No Yes. Fill in the details.
Value of property lost	Date of your loss	ibe any insurance coverage for the loss e the amount that insurance has pald. List pending nce claims on line 33 of Schedule A/B: Property.	ow the loss occurred Inclu
			List Certain Payments or Transfers
Amount of	ed in your bankruptcy. Date payment	rs, or credit counseling agencies for services requires. Description and value of any property	No Yes. Fill in the details. erson Who Was Paid
payment	or transfer was made	transferred	ddress mail or website address erson Who Made the Payment, if Not You
\$500.00		Attorney Fees	eitengruber Law LLC 720 Route 34 uite 10 all, NJ 07727 veitengruberesq@gmail.com
\$25.00		Credit Counseling Course	bacus Credit Counseling 7337 Ventura Boulevard uite 226 ncino, CA 91316
	or transfer any prope	id you or anyone else acting on your behalf pay	7337 Ventura Boulevard uite 226 ncino, CA 91316
	or transfer any prope	id you or anyone else acting on your behalf pay	7337 Ventura Boulevard uite 226 ncino, CA 91316 thin 1 year before you filed for bankruptcy, pmised to help you deal with your creditors

De	btor 1	Susan E. Swoope			Case numb	Der (if known)	
18.	transfer Include include ■ No □ Ye	s. Fill in the details.	business or financial aff nade as security (such as	airs? the granting of a		-	
	Addres		Description and v property transfer		payme	be any property or nts received or debts exchange	Date transfer was made
19.	Within 1 benefic	I's relationship to you I's relationship to you filed for bankru iary? (These are often called asset-pi s. Fill in the details.	ptcy, did you transfer ar	ny property to a	self-settled	l trust or similar device	of which you are a
	Name o	of trust	Description and v	alue of the pro	perty transi	ferred	Date Transfer was made
	Within 1 sold, moinclude houses,	st of Certain Financial Accounts, Ir year before you filed for bankrupt oved, or transferred? checking, savings, money market, pension funds, cooperatives, asso s. Fill in the details.	cy, were any financial ac	counts or instruction	uments hel	d in your name, or for y	•
		of Financial Institution and S (Number, Street, City, State and ZIP	Last 4 digits of account number	Type of accou		Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do you cash, or	now have, or did you have within 1 other valuables?	year before you filed for	bankruptcy, ar	ny safe dep	osit box or other depos	itory for securities,
	■ No	s. Fill in the details.					
		of Financial Institution S (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe t	he contents	Do you still have it?
22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?						
	■ No □ Yes	s. Fill in the details.					
		of Storage Facility S (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		Describe t	he contents	Do you still have it?
Par	t 9: Ide	entify Property You Hold or Contro	for Someone Else				
23.	Do you i for some	nold or control any property that sceone.	omeone else owns? Inclu	ude any propert	y you borre	owed from, are storing	for, or hold in trust
	■ No □ Yes	s. Fill in the details.					
	Owner's	s Name S (Number, Street, City, State and ZIP Code)	Where is the prop		Describe t	he property	Value

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 5

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

_	No								
	Yes. Fill in the details.								
	ame of site ddress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notic					
Ha	ave you notified any governmental unit of any release of hazardous material?								
8	No								
	Yes. Fill in the details.								
	ame of site ddress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice					
На	ve you been a party in any judicial or adm	inistrative proceeding under any enviro	onmental law? Include settlement	s and orders.					
۲.,	No								
	Yes. Fill in the details.								
	ase Title ase Number	Court or agency Name	Nature of the case	Status of the					
U	ise Mullipel	Address (Number, Street, City, State and ZIP Code)		case					
t 11	Give Details About Your Business or C	onnections to Any Business							
Wit	thin 4 years before you filed for bankrupto	y, did you own a business or have any	of the following connections to a	inv business?					
		a trade, profession, or other activity, e	-						
		ny (LLC) or limited liability partnership	(LLP)						
	A member of a limited liability compa	ny (LLC) or limited liability partnership	(LLP)						
	■ A member of a limited liability compa		(LLP)						
	■ A member of a limited liability compa □ A partner in a partnership □ An officer, director, or managing exe	cutive of a corporation	(LLP)						
	■ A member of a limited liability compa □ A partner in a partnership □ An officer, director, or managing exe □ An owner of at least 5% of the voting	cutive of a corporation or equity securities of a corporation	(LLP)						
	■ A member of a limited liability compa □ A partner in a partnership □ An officer, director, or managing exe □ An owner of at least 5% of the voting No. None of the above applies. Go to Pa	cutive of a corporation or equity securities of a corporation art 12.	(LLP)						
	■ A member of a limited liability companion A partner in a partnership An officer, director, or managing execution An owner of at least 5% of the voting No. None of the above applies. Go to Partnership Yes. Check all that apply above and fill in	cutive of a corporation or equity securities of a corporation art 12. n the details below for each business.		her					
Bu Ac	■ A member of a limited liability compa □ A partner in a partnership □ An officer, director, or managing exe □ An owner of at least 5% of the voting No. None of the above applies. Go to Pa Yes. Check all that apply above and fill insiness Name	cutive of a corporation or equity securities of a corporation art 12. n the details below for each business. Describe the nature of the business	(LLP) Employer Identification number 100 not include Social Securi						
Bu Ac	■ A member of a limited liability compa □ A partner in a partnership □ An officer, director, or managing exe □ An owner of at least 5% of the voting No. None of the above applies. Go to Pa Yes. Check all that apply above and fill insiness Name	cutive of a corporation or equity securities of a corporation art 12. n the details below for each business.	Employer Identification numi						
Bi Ac (Ni	■ A member of a limited liability compa □ A partner in a partnership □ An officer, director, or managing exe □ An owner of at least 5% of the voting No. None of the above applies. Go to Partnership Yes. Check all that apply above and fill insiness Name Idress Idr	cutive of a corporation or equity securities of a corporation art 12. n the details below for each business. Describe the nature of the business	Employer Identification num Do not include Social Securi						

Susan E. Swoope		Case number (# known)
28. Within 2 years before you file institutions, creditors, or oth	ed for bankruptcy, did you give a financial st er parties.	atement to anyone about your business? Include all financial
■ No □ Yes. Fill in the details be	elow.	
Name Address (Number, Street, City, State and ZIP C	Date Issued	
Part 12: Sign Below		
are true and/correct. I understand with a bankruptcy case can result 18 U.S.C. §§ 152, 1341, 1519, and	in fines up to \$250,000, or imprisonment for	roperty, or obtaining money or property by fraud in connection up to 20 years, or both.
Susan E. Swoope Signature of Debtor 1	Signature of Debtor	2
Date July 3, 2019	Date	
Did you attach additional pages to Mo	Your Statement of Financial Affairs for Indi	viduals Filing for Bankruptcy (Official Form 107)?
☐ Yes		
Did you pay or agree to pay some	one who is not an attorney to help you fill ou	it bankruptcy forms?
■ No		

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Fill in this inform	nation to identify your case;
Debtor 1	Susan E. Swoope
Debtor 2 (Spouse, if filing) United States E	Sankruptcy Court for the: District of New Jersey
Case number (if known)	

9	Check	as directed in lines 17 and 21:
		ording to the calculations required by this tement:
		Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
		Disposable income is determined under 11 U.S.C. § 1325(b)(3).
	35	3. The commitment period is 3 years.
Ĺ		4. The commitment period is 5 years.
		Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1:

Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - ☐ Not married. Fill out Column A. lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

					Column Debtor		Debt	mn B or 2 or filing spouse
2	Your gross wages, salary, tips, bonuses, overtime payroll deductions).	e, and comm	i ssions (b	efore all	\$	0.00	\$	8,117.67
3	Alimony and maintenance payments. Do not include Column B is filled in.	e payments	from a spo	use if	\$	0.00	\$	0.00
4	All amounts from any source which are regularly of you or your dependents, including child support from an unmarried partner, members of your household and roommates. Do not include payments from a sport you listed on line 3.	rt. Include re ld, your depe	gular contri endents, pa	butions rents,	\$	0.00	\$	0.00
5	Net income from operating a business, profession, or farm	Debtor 1	Self-Services					· · · · · · · · · · · · · · · · · · ·
	Gross receipts (before all deductions) \$		4,523.28					
	Ordinary and necessary operating expenses -\$		4,097.07					
	Net monthly income from a business, profession, or farm \$		426.21	Copy here -> 9	ß	426.21	\$	0.00
6.	Net income from rental and other real property	Debtor 1	and the second of					
!	Gross receipts (before all deductions)	· —	.00					
:	Ordinary and necessary operating expenses	-\$ 0	.00					
	Net monthly income from rental or other real property	\$0	.00 Copy	here ->	\$	0.00	\$	0.00

				Column A Debtor 1		Column B Debtor 2 c non-filing	-	
7.	Interest, dividends, and royalties			\$	0.00	\$	0.00	•
8.	Unemployment compensation			\$	0.00	\$	0.00	
	Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here:		fit under			-		
	For you	.\$0	.00					
	For your spouse		.00					
9.	Pension or retirement income. Do not include any a benefit under the Social Security Act.	mount received that wa	as a	\$	0.00	\$	0.00	
10.	Income from all other sources not listed above. Sp Do not include any benefits received under the Social received as a victim of a war crime, a crime against hi domestic terrorism. If necessary, list other sources on total below.	Security Act or paymer umanity, or internationa	nts I or					
	Tax refund 2019			\$	718.00	\$	0.00	
				\$	0.00	\$	0.00	
	Total amounts from separate pages, if any.		+	\$	0.00	\$	0.00	
11.	Calculate your total average monthly income. Add each column. Then add the total for Column A to the t		\$	1,144.21	+ \$_	8,117.67	= \$	9,261.88
			i		J !	78		al average nthly income
Part	2: Determine How to Measure Your Deduction	s from Income						
12.	Copy your total average monthly income from line	11.					\$	9,261.88
13.	Calculate the marital adjustment. Check one:		••••••••••••			***************************************	·	0,201.00
	You are not married. Fill in 0 below.							
	☐ You are married and your spouse is filing with yo	u. Fill in 0 below.						
	You are married and your spouse is not filing with	-						
	Fill in the amount of the income listed in line 11, 0 dependents, such as payment of the spouse's tax	k liability or the spouse'	s suppor	t of someon	e other th	an you or you	r depend	ents.
	Below, specify the basis for excluding this income adjustments on a separate page.	e and the amount of inc	ome dev	oted to each	n purpose	. If necessary	, list addit	ional
	If this adjustment does not apply, enter 0 below.							
	The state of the s		\$	<u>-</u>				
			Ψ¢	 -				
		·	Ψ					
	Total		\$	0.0	0 co	py here≃>		0.00
14.	Your current monthly income. Subtract line 13 from	m line 12.					\$	9,261.88
15.	Calculate your current monthly income for the ye	ar. Follow these steps:						i
	15a. Copy line 14 here=>				***************************************		\$	9,261.88
	Multiply line 15a by 12 (the number of months						x ^	12
	15b. The result is your current monthly income for the	ne year for this part of ti	ne form.				\$_1	11,142.56
15.	15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months	in a year).	······					12

Debi	tor 1	Su	san E. Swoope		Case number (if known)		
16	6. Cal	culat	e the median family income that applies to	you. Follow these steps	;		Na.
	16a.	Fill	in the state in which you live.	NJ			
	16b.	Fill	in the number of people in your household.	4			
	16c.	To f	n the median family income for your state and find a list of applicable median income amount ructions for this form. This list may also be ava	s, go online using the lir		\$_	125,465.00
17	'. How		the lines compare?	, ,			
	17a.		Line 15b is less than or equal to line 16c. 0 11 U.S.C. § 1325(b)(3). Go to Part 3. Do N	On the top of page 1 of to NOT fill out Calculation (his form, check box 1, <i>Disposable inc</i> of Your Disposable Income (Official Fo	o <i>me is no</i> orm 122C-	t determined under 2).
	17b.		Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calcuyour current monthly income from line 14 a	ulation of Your Dispos	heck box 2, <i>Disposable income is de</i> able Income (Official Form 122C-2)	ermined u . On line 3	<i>inder 11 U.S.C.</i> § 39 of that form, copy
Par	t 3:	C	alculate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)			
18.	Сор	у уо	ur total average monthly income from line 1	1.		\$	9,261.88
	Ded cont	uct t	he marital adjustment if it applies. If you are that calculating the commitment period under 1 income, copy the amount from line 13.	married, your spouse is	s not filing with you, and you		
	19a.	If the	e marital adjustment does not apply, fill in 0 on	line 19a.		-\$	0.00
	19b.	Sub	tract line 19a from line 18.			\$_	9,261.88
20.	Calc	ulate	your current monthly income for the year.	Follow these steps:			
			y line 19b	·		\$	9,261.88
		Mult	iply by 12 (the number of months in a year).			7 -	40
			.p.y by 12 (ale hamber of monate in a year).				x 12
	20b.	The	result is your current monthly income for the y	ear for this part of the fo	orm	\$_	111,142.56
	20c.	Сор	y the median family income for your state and	size of household from	line 16c	\$_	125,465.00
	21.	Hov	v do the lines compare?			L	
			Line 20b is less than line 20c. Unless otherwiperiod is 3 years. Go to Part 4.	se ordered by the court,	on the top of page 1 of this form, che	ck box 3,	The commitment
			Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4.	less otherwise ordered	by the court, on the top of page 1 of t	his form, d	check box 4, <i>The</i>
Par	t 4:	Si	gn Beløw)		··	_	
	By s	gnin	g here, under penalty of perjury I declare that t	ne information on this s	tatement and in any attachments is tr	ue and co	rrect.
×	Su		Susan Suco E. Swoope	Al.			
	_		re of Debtor 1				
		MN	ly 3, 2019 1/DD /YYYY				
			cked 17a, do NOT fill out or file Form 122C-2.				
	lf you	ı che	cked 17b, fill out Form 122C-2 and file it with t	nis form. On line 39 of t	hat form, copy your current monthly in	come froi	n line 14 above.

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY	
Caption in Compliance with D.N.J. LBR 9004-1 George E. Veitengruber, III, Esq. 15532002 1720 Route 34 Suite 10 Wall, NJ 07727 (732) 695-3303 Gveitengruberesq@gmail.com	.(b)
In Re: Susan E. Swoope	Case No.:
Casali E. Oncopo	Chapter: 13
	Judge:
	kr. P. 2016(b), I certify that I am the attorney for nin one year before the filed date of the petition, or
agreed to be paid to me, for services rendered or to be re with this bankruptcy case is as follows:	endered on behalf of the debtor(s) in connection
to the exclusions listed below, including administration amount of \$4,750.00 I understand that I mustime of the filing of this disclosure if I seek additional time.	to accept for all legal services required to confirm a plan, subject strative services that may occur postconfirmation, a flat fee in the 1st demonstrate that additional services were unforeseeable at the 1st itional compensation and reimbursement of necessary expenses.
Representation of the debtor in: adversary proceedings, loss mitigation/loan modification eff post-confirmation filings and matter 	forts,
I have received:	\$500.00
The balance due is:	\$ <u>4,250.00</u>
The balance ✓ will ☐ will not be paid t	hrough the plan.
case, an hourly fee of \$ The hourly fee cha	to accept for legal services provided on behalf of the debtor in this arged by other members of my firm that may provide services to and that I must receive the Court's approval of any fees or on pursuant to D.N.J. LBR 2016-1.
I have received:	\$
2. The source of the funds paid to me was:	
☑ Debtor(s) ☐ Other (specif	fy below)

United States Bankruptcy Court District of New Jersey

In re	Susan E. Swoope		Case No.		
		Debtor(s)	Chapter	13	
		7			
	VERIFIC	CATION OF CREDITOR	R MATRIX		
The abo	ove-named Debtor hereby verifies that th	e attached list of creditors is true and	correct to the heet	of his/har know	ladaa
.110 401	ove mained below hereby verifies that the	ic diached his of cleaners is the and	correct to the pest	or mound know	ieuge.

Susan E. Swoope Signature of Debtor

Date: July 3, 2019

Campi and Morrison Orthodontics 49 Branch Ave Red Bank, NJ 07701

Frenkel Lambert 80 Main Street 4th Floor Suite 460 West Orange, NJ 07052

Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101

Jay A. Swoope 10 Dennis Place West Long Branch, NJ 07764

Jeffrey H. Gerstenblatt 1072 Madison Avenue Lakewood, NJ 08701

NJ Division of Taxation Bankruptcy Section P.O. Box 245 Trenton, NJ 08695

Rushmore Loan Management Services P.O. Box 55004 Irvine, CA 92619